



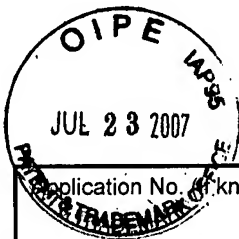
PTO/SB/21 (04-07)  
Approved for use through 09/30/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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|---|----------------------|------------------------|-----------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/714,574-Conf. #1777 |                 |
|   | Filing Date          | November 14, 2003      |                 |
|   | First Named Inventor | Jeffrey M. Isner       |                 |
|   | Art Unit             | 1633                   |                 |
|   | Examiner Name        | Q. Nguyen              |                 |
| Total Number of Pages in This Submission  |                      | Attorney Docket Number | 47624DVC(71417) |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Return Receipt Postcard |
| <div>Remarks</div>  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                   |          |        |
|--|-----------------------------------|----------|--------|
| Firm Name                                  | EDWARDS ANGELL PALMER & DODGE LLP |          |        |
| Signature                                  |                                   |          |        |
| Printed name                               | Melissa Hunter-Ensor, Ph.D.       |          |        |
| Date                                       | July 23, 2007                     | Reg. No. | 55,289 |

|   |                                 |
|---|---------------------------------|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EM054394650US, on the date shown below in an envelope addressed to:<br>MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                 |
| Dated: July 23, 2007  | Signature:  (Christina Andrews) |



Application No. (if known): 10/714,574

Attorney Docket No.: 47624DVC(71417)

## Certificate of Express Mailing Under 37 CFR 1.10

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P.O. Box 1450  
Alexandria, VA 22313-1450

on July 23, 2007  
Date



Signature

Christina Andrews

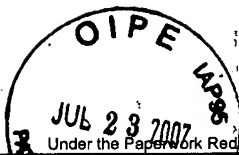
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Registration Number, if applicable

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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment in Response to Non-Final Office Action (11 pages);  
Petition for a Two Month Extension of Time (1 page) ;  
Fee Transmittal (1 page);  
IDS (Citation) by Applicant (0 References) (3 pages);  
Information Disclosure Statement (2 pages);  
Transmittal (1 page); and  
Charge \$405.00 to deposit account 04-1105



7.24.07

JRW

PTO/SB/17 (06-07)  
Approved for use through 06/30/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2007</b>  |  | <b>Complete if Known</b> |                        |
|   |  | Application Number       | 10/714,574-Conf. #1777 |
|   |  | Filing Date              | November 14, 2003      |
|   |  | First Named Inventor     | Jeffrey M. Isner       |
|   |  | Examiner Name            | Q. Nguyen              |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Art Unit                 | 1633                   |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | <b>180.00</b>          |
|   |  | Attorney Docket No.      | 47624DVC(71417)        |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card   |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None  |
| <input type="checkbox"/> Other (please identify): _____  |  |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: <b>04-1105</b>   |
| Deposit Account Name: <b>Edwards Angell Palmer &amp; Dodge LLP</b>   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                              |

|   |                     |   |                    |                      |                                  |                       |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                  | 200                              | 100                   | _____                 |
| Design  | 200                 | 100   | 100                | 50                   | 130                              | 65                    | _____                 |
| Plant   | 200                 | 100   | 300                | 150                  | 160                              | 80                    | _____                 |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                              | 300                   | _____                 |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                                | 0                     | _____                 |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <b>Small Entity</b>   |                       |
|   |                     |   |                    |                      |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 200                   | 100                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 360                   | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                       |
| _____   |                     | _____   | _____              | _____                | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>  |
| _____   |                     | _____   | _____              | _____                | _____                            |                       | _____                 |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      |                                  |                       |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| _____   |                     | _____   | _____              | _____                |                                  |                       |                       |
| _____   |                     | _____   | _____              | _____                |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                       |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                       |                       |
| _____   | _____               | /50 = _____ (round up to a whole number) x _____        |                    | _____                | _____                            |                       | _____                 |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <b>Fees Paid (\$)</b> |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  |                       |                       |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement   |                     |   |                    |                      |                                  | 180.00                |                       |
| Petition for Two Months Extension of Time   |                     |   |                    |                      |                                  | 225.00                |                       |

|                     |                             |                                   |                |
|---------------------|-----------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                             |                                   |                |
| Signature           |                             | Registration No. (Attorney/Agent) | 55,289         |
| Name (Print/Type)   | Melissa Hunter-Ensor, Ph.D. | Telephone                         | (617) 517-5580 |
|                     |                             | Date                              | July 23, 2007  |